PW

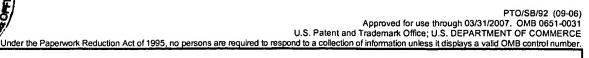
ع 300 0 8 VON

PTO/SB/21 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/813,871-Conf. #5569 Filing Date TRANSMITTAL March 31, 2004 First Named Inventor **FORM** Adam J. Ferrari Art Unit 2161 **Examiner Name** S. Metjahic (to be used for all correspondence after initial filing) Attorney Docket Number Total Number of Pages in This Submission 0109878.00141US1 ENCLOSURES (Check all that apply) After Allowance Communication Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final **Proprietary Information** Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address X Other Enclosure(s) (please Identify below): **Extension of Time Request** Terminal Disclaimer Return Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Remarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name WILMER CUTLER PICKERING HALE AND DORR LLP Signature Printed name

Reg. No.

43.739

Date



Application No. (if known): 10/813,871

Attorney Docket No.: 0109878.00141US1

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on November 27,2006.

Januce Ko	ruppe l
Signature	
Janice Roussel	
Typed or printed name of person signing Certificate	
	(617) 526-6000
Registration Number, if applicable	Telephone Number

Note:

Each paper must have its own certificate of mailing, or this certificate must identify

each submitted paper.

Return Postcard

Change of Address of Attorney (1 page)

Transmittal (1 page)